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An Inaugural Essay on Dysentery

By

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Dysentery is a disease of such general prevalence in our country, and its importance from constituting one of the great outlets of human life is so universally admitted, I deem it unnecessary to offer any introductory remarks, and shall therefore proceed at once to the consideration of the subject.

This is a disease in which there is inflammation of the mucous membrane of the intestines, accompanied with frequent mucus and often bloody evacuations, griping pains, tenesmus, and fever; the stools are generally frequent and small in quantity, the natural feeces being for the most part retained, but they do sometimes make their appearance and are generally found mixed with the mucus evacuations in small, hard, compact substances, and known by the name of scybala.

Causes

These are many which have at different times been alleged productive of this disease, but as it is not my intention to enter into a minute investigation,

I shall extend my inquiries as to the causes &c of it, to a limited extent, and shall be content by mentioning only a few, which time and the experience of our ablest writers, and most succesful practitioners, have found to be correct.

Among the first, and perhaps the one by which it is most frequently excited, may be mentioned marsh miasmata, and all such as are productive of our common autumnal fevers.

It is sometimes caused from acrid substances taken into the stomach, as bad flour, sour wine, unripe fruit and many other articles; and has not unfrequently been known to prevail as an epidemic, depending, perhaps, like some other diseases, on some unknown peculiar distemperature of the atmosphere.

It may be caused by the sensible qualities of the air, as cold suddenly alternating with excessive heat, moisture succeeding to dryness, and frequently

checked perspiration; this latter occasioned by the various vicissitudes of the weather, or by plunging in a cold bath while in a profuse perspiration. Filth may be mentioned as another one of the causes, but its peculiar effect on the alimentary canal has never yet, as far as my limited research has enabled me to ascertain, been satisfactorily accounted for.

There are several forms of Dysentery, as Acute, Chronic, Typhoid, &c but the few remarks I shall offer will be confined to the Acute inflammatory form of the disease.

This disease may sometimes be mistaken for Diarrhoea, but by a careful examination and strict inquiries into the symptoms, they may in most cases be readily distinguished; but the mildest forms of Dysentery and the most aggravated forms of Diarrhoea cannot, without some difficulty, be distinguished by our most successful Practitioners, so much alike

are they in many of their characteristic symptoms. We may select the following, which are a few of the distinguishing marks as laid down by authors: Diarrhoea is scarcely ever accompanied by so much fever or inflammation, the tormina and tenesmus never so distressing, the evacuations though not always natural, are never found so much intermixed with blood or mucus, the stools are less frequent, and found generally in larger quantities

Symptoms

Patients labouring under this disease are not always attacked in the same way; in some instances we find the tormina and tenesmus, with frequent mucus or bloody stools, the first symptom of the disease; in others, it first, and most generally comes on with cold shiverings and other symptoms of pyrexia succeeded by quick pulse, skin hot and dry, furred tongue, hurried respiration, and in a short time after, all the above enumerated

symptoms make their appearance; sometimes it makes its appearance by a slight Diarrhoea, without our having any other Dysenteric symptoms: No class of people are exempt from this disease, nor will any mode of life serve as a preventative; patients are frequently distressed with nausea and vomiting; the disease not being checked, will, in a short time, assume a more alarming character, all the symptoms will be considerably aggravated, the fever more considerable, the inflammation greater, the stools becoming much more frequent and offensive, and more mixed with blood and frothy mucus; the tormina and tenesmus more distressing, rapid emaciation, and depression of strength.

Dysentery commonly makes its appearance in summer and autumn, though sometimes prevails to no limited extent in the spring.

It often terminates in a few days, though sometimes it is protracted to weeks and even months; it then assumes the chronic form, and demands a somewhat different plan of treatment.
This disease may terminate in several different ways, in chronic Dysentery, in Diarrhoea, in Rheumatism, Dropsy, Tetanus, or Gangrene.
The favourable signs are, the gradual cessation of all the enumerated distressing symptoms, pulse becoming slower, softer, more regular and gradually approaching nearer its natural standard, skin moist, the stools becoming more natural, and expelled with less tormina and tenesmus: the unfavourable, are the evacuations becoming more frequent, more mixed with blood, and sometimes resembling the washings of putrid flesh, abdomen tense, weak, quick, and intermitting pulse, haggard countenance, cold dewy perspiration, restlessness, petechia,

singultus, a squeaking voice, and cold extremities. Patients, however have been known to recover after laboring under many of these distressing and alarming symptoms.

Treatment

Perhaps there is no disease more completely under our control, or that will sooner yield to judicious management, than this.

We should in this, as in every other case which demands our attention, be governed by the state of the pulse, the severity of the pain, and other existing symptoms. If the pulse be quick, full, and strong, denoting considerable inflammation, the free use of the lancet should precede every other remedy, and it should be repeated as often as indicated by the state of the pulse, and the degree of inflammation. Dr Rush mentions he has in the same patient, bled in this disease from one to twenty,

times with perfect success; but I think that generally in the ordinary forms of the common acute inflammatory stage, venesection will scarcely ever be necessary oftener than from one to four or five times; and Dr Physick, than whom we need not ask better authority, thinks one bleeding will in very many cases be found sufficient, if carried so far as to make a decided and permanent impression on the disease. Here however, much blood should be taken, and the necessity for its repetition will then depend entirely on the existing symptoms.

Emetics have under some circumstances been considered very beneficial, and it is the opinion of Professor Chapman, that they may be resorted to with much benefit where the stomach is distressed with nausea, and vomiting of bilious matter; under such circumstances he considers them of great utility, and Ipecacuanha is decidedly greatly

to be prefered.
But if there be no gastric uneasiness, cathartics will be preferable, and in the milder forms of the disease, a few doses of Castor Oil will be found highly useful if given in sufficiently large doses, to be repeated. Though in the more aggravated forms, and more particularly if there be hepatic derangement, Calomel will be best adapted, and should be administered in large doses at the commencement, succeeded by Castor Oil, and if it should linger in the bowels its operation assisted by some lasative injection.
In this way Calomel may be continued sometimes with the addition of Rhubarb, till we succeed completely in evacuating the alimentary canal.
When the inflammatory febrile symptoms are in a great measure reduced by these direct depletory means, a determination to the surface seems plainly indicated, and to obtain this end, nothing

will be found better than a combination of Ipecac, Calomel, and Opium; it composes intestinal irritation, relaxes the surface, and at the same time gently opens the bowels, but if a more profuse perspiration be desired the Dovers powder will be found better adapted, Ipecac combined with Opium will relieve the tormina and tenesmus, and the frequent though ineffectual desire to go to stool, sooner than any other medicine. The preparations of Antimony have been highly spoken of in this stage of the disease, but should not I think for a moment be thought of, in preference to the above mentioned combination; nothing will be found to assist the diaphoretic effect of the medicine, and relieve at the same time the Phlogosis which commonly exist, as flannels, several times folded, wrung out of warm water and applied to the abdomen, or what will be found preferable

either to the warm fomentations, or bath, is a flannel roller; this acts by supporting the intestines, and preserving a more equalle temperature than could be attained by either the bath or fomentations; it should be applied round the body, commencing at the symphysis pubis, extending by regular and successive turns up to the axilla.

Blisters are very important auxiliaries, and cannot in many cases be consistently dispensed with, without jeopardising the life of the patient. The parts of the body to which they should be applied is a matter of some dispute with practitioners; some think them best when applied to the extremities, and assigning as an objection to their application to the abdomen, that the patient experinces great inconvenience from them on going to stool, but this I think should not deter us from applying them as near the

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seat of the disease as possible: and to be more beneficial they should be sufficiently large to cover the greater part of the abdomen, when blisters are resorted to the patients are generally much reduced, and should be kept perfectly at rest in the horizontal posture; for even rising from bed to stool every fifteen or twenty minutes would fatigue and weaken them much.

To obviate this therefore, a bed pan, pieces of leather, or some old, but clean cloths should be placed under them to receive the discharges, and by this mode, which is essentially necessary, the blisters would not be so troublesome to the patient as some have imagined.

Sometimes the tormina and tenesmus are uncommonly distressing, the stools frequent, and much mixed with blood, under these circumstances, the sugar of lead in combination with opium and Ipecac. may be used with great advantage. to relieve the

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same affection. Opium used as a suppository in the form of a pill of two or three grains, lodged a short distance within the rectum, sometimes acts like a charm. Prof Chapman says of all the remedies he has ever yet used, nothing has succeeded so well as butter perfectly fresh, thrown up in large quantities. and repeated if necessary.
When patients are troubled with sour and acrid eructations, the oleaginous mixture may be used with great advantage.
If the disease is not checked by the means I have noticed, the sinking stage comes on, and this must be met by the usual remedies; such as combinations of Opium, Carbonate of Ammonia, wine whey, external stimulating applications, as blisters to the extremities, sinapisms, rubefacients &c.
In concluding my remarks on this disease, it is proper I should say a few words upon the derange ment of the abdominal viscera, when death has

closed the scene.

Our post mortem examinations plainly show the cause of the great suffering of our patients when living; and bring fully to our mind the great disposition of the mucous coat of the intestines & to take on inflammation, and all its consequences, for not unfrequently we see great marks of inflammation throughout the entire alimentary canal involving often the peritoneum — and the liver in very many cases to have suffered no little structural derangement, all suffering from inflammation, erosion, contraction scirrhosities and mortification. ———